

the amount of poisonous substance present is large, and could not well be overlooked. On the other hand, the author suggests the possibility that the production of certain active poisons, which may be naturally present in the system in very small quantity without injury, may be so far increased by the abnormal action of the functions of digestion as to occasion chronic or acute diseases.

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ART. X.—*Plica Polonica, an Endemic Disease at the Island of "Anno Bom."* By ALEXANDER VEDDER, M. D., Assistant Surgeon U. S. Navy.

DURING a recent voyage to the southwest coast of Africa, in the U. S. Ship "Supply," we stopped at the small island of Anno Bom, for the purpose of obtaining fresh provisions for the crew, who had been deprived of their use for some sixty days preceding. This island is situated about eighty miles south of the equator, and at a distance of two hundred from the nearest land of the African continent. It is of a conical shape, rising towards the centre into numerous lofty peaks, and may be about thirty miles in circumference. From its position, so near to the equator, and the considerable elevation of its highlands, which rapidly condense the atmospheric moisture, the climate, especially of the low land bordering the sea, is necessarily very hot and damp, being enveloped in rain and mist for a large portion of the year. It is here that the only village on the island is placed. We were induced to believe, by the glowing description of this isolated spot, its productions and inhabitants, as given by the English "Sailing Directions," that we were about to visit another Eden, where the vices of civilized communities were unknown, and where man enjoyed the choicest fruits of the earth, without expending the sweat of his brow. How these anticipations were realized will be seen in the sequel.

The inhabitants are all negroes, descendants of a cargo of shipwrecked slaves, and although the island belongs nominally to Portugal, that country exercises no sovereignty over it. Among the numbers who immediately boarded our ships from their canoes, on our dropping anchor, were some very remarkable from the peculiar disposition of their hair, or rather wool, which hung down from the head, in numerous small frizzled curls, resembling the bullion of an epaulette, and attaining a length of six or eight inches. There is a plate in Rayer's "*Atlas des Maladies de la Peau*," which is a capital representation of this affection.

I was at first disposed to think this one of the fanciful arrangements of the hair, so frequently seen among uncivilized races; but a closer examination revealed it to be that form of plica called multiform. On landing, and entering the village, numerous examples of the same disease presented

themselves, on men, women, and children; besides which, numbers had their heads closely shaved, evidently, in order to free them from their disgusting appendage.

No pain appeared to be experienced in handling the affected hair, one woman, at my request, pulling off several long curls, which were extremely brittle, and composed of numerous malformed reddish hairs, closely agglutinated together. I could gain no information relative to the origin of the affection, nor its effects on the health of the individual; but the cases seen by me appeared to affect the feeble and the robust indiscriminately.

It is well known that this disease, under the name of *Plica* or *Trichoma*, first appeared in Poland, about the thirteenth century, and occurred only in those who were extremely filthy in their persons, and who lead a life of misery. Of late it has almost entirely disappeared. In this small island, we again find it in an endemic form, and evidently arising from causes nearly identical with those which produced the Polish affection, viz., dampness of climate, misery of life, and lack of cleanliness. These islanders, live in miserable huts which barely shelter them from rain, sleep at best on bare boards, and still more frequently on the damp earthen floors, and are so scantily clad as to be shivering from every passing blast. There being neither law nor government over them, they pay no regard to the rights of "meum and tuum," the stronger taking without scruple the pigs, poultry, and vegetables of the weaker, whenever the opportunity presents. In this way they have deprived themselves almost completely of the means of life, and the attenuated limbs and swollen abdomens of the great majority indicate sufficiently well, the bulky and innutritious nature of their diet. I should add that the soil is extremely fertile, yielding every tropical product in abundance. I saw no other indications of disease among this people, with the exception of vitiligo, which appeared to be quite common, and some traces of the ravages of syphilis, probably introduced by the crews of slavers and whalers. The healing art does not appear to have arrived at much perfection here, for in answer to some inquiries addressed to a rather intelligent native, who speaks tolerable English and acts as interpreter, I was informed that most diseases were treated by making punctures over the abdomen with a lancet, and then rubbing in lime-juice as a counter irritant. The abstraction of blood appears to be their principal remedial measure, judging from the traces of venesection which many bore on their arms. I offer the above as merely a slight contribution to our stock of information, gradually accumulating on the etiology and topography of disease, trusting at the same time, that it may not be entirely devoid of interest to those of the profession, whose vocation does not lead them so far from the abodes of civilization.

ART. XI.—*Gunshot Wound of Leg; Amputation and Recovery.* By W. S. KING, M. D., Surgeon U. S. A.

RICHARD THOMAS, in a drunken quarrel, received a gunshot wound in the leg from a Colt's pistol, navy size, while standing only a few feet distant therefrom. He immediately fell to the ground, and was carried to the hospital in my charge. The ball had produced a fracture of both bones of the leg, the tibia being almost completely comminuted for nearly its whole extent, with two external wounds, one produced by the ball, the other by the protrusion of pointed bone through the soft parts, probably at the time of falling. The displacement of the parts was so great that the toes of the injured limb looked to the rear. There was also considerable hemorrhage. The case called for immediate amputation, but this was postponed at the earnest pleading of the patient.

The leg was dressed lightly, placed in position, and supported by two splints loosely applied; lint steeped in solution of sulph. cupri, pressed to the wound to arrest hemorrhage, and water dressing medicated with acet. plumbi and opium over all. A dose of morphia was given to allay pain. The patient being accustomed to drink a good deal, wine was allowed at intervals, during the day. The operation was postponed for another day, on account of the unwillingness of the patient to submit to loss of the limb.

At the end of the second day, delirium tremens, or traumatic delirium supervened, the patient constantly whistling or talking, and fearful of persons near him, who he supposed would injure him; much excited at times, and pulse 120. On the fourth day after the injury, he had not slept for forty-eight hours; a watch had to be placed to keep him in bed; skin hot and dry; pulse 125; delirium the same, and the leg much swollen and discoloured. In this condition he was persuaded to blow into a sponge containing ether. After repeated attempts, he was at length completely etherized, lifted on the table and his leg taken off just below the knee. He slept half an hour after the operation; pulse fell to 90; skin became moist, and he awoke a little nervous, but rational.

This was the first time I ever amputated under similar circumstances, viz., during the excitement of delirium, and in my reading, I see no mention of operations of this kind performed in the same condition as my patient. In this case, there can be no doubt that it was the means of saving life, as I feel very confident, that after the stage of excitement had passed, he would have fatally sunk if the limb had not been removed.

He is now well and walking about with a crutch. On examining the removed limb, the tibia was found to be broken into more than twenty pieces, some four, three and two inches in length, others much smaller.

The above case illustrates well the soothing influence of the inhalation

of ether, together with the removal of the cause of irritation in calming down morbid excitement, both of body and mind.

ALBANY, N. M., January 24th, 1860.

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ART. XII.—*Case of Face Presentation; Mento-sacral Position; Delivery without change of Position.* By WM. KELLER, M. D., of Philadelphia.

Mrs. H., a German lady of about 30 years of age, and healthy constitution, was delivered, without any difficulty, on the 25th of April, 1855, of a girl presenting with the vertex, and again on the 19th of February, 1857, the child presenting in the same position.

On the 10th of April, 1859, in the morning, at full term, she was taken in labour with her third child. I found, at 9 o'clock, the os tincæ opened and of the size of a silver dollar. Though the bag of waters was not ruptured, I could distinguish a face presentation.

The progress of the labour was very slow during the day. In the evening, about 8 o'clock, whilst the os tincæ was considerably distended, the membranes broke during a pain, and I found the chin of the child below the lumbar vertebrae turned directly towards the sacrum. I made some fruitless efforts to change the position to a head presentation.

As the pains continued to be feeble, and as this presentation was the first of the kind I had ever met with, I sent for a very experienced obstetrician, so as to have his assistance in case of unforeseen difficulties occurring. My friend believing, according to the doctrine of nearly all accoucheurs, the birth of the child in this presentation to be impracticable, proposed to wait for stronger pains, and then to turn the child and deliver by the feet.

The lady, to give more power to her bearing down, knelt on a foot-stool, resting with the upper part of the body on the bed. I was sitting behind her, so as to give her every possible assistance during the pains. They set in so severely that I observed a considerable advance of the child's face during each of them. Before half past ten, the child, a boy, was born, and, as far as I could judge during the hurry and excitement attending the birth, with the left os parietale first.

Notwithstanding the happy issue of this delivery, which required no artificial help whatsoever, I believe it my duty to report the case, as it is a very rare one, and one which would have necessitated, according to the rules of art, version by the feet. Yet it was left to itself, and an operation thus avoided, which I consider, whether in head or face presentations after the waters have been destroyed for some time, always serious, and sometimes highly dangerous to the mother.